

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	
09/914426	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13			/				63						
14			/	/			64						
15			/	/	/		65						
16			/	/	/		66						
17			/	/	/		67						
18			/	/	/		68						
19			/	/	/		69						
20			/	/	/		70						
21			/	/	/		71						
22			/	/	/		72						
23			/	/	/		73						
24			/	/	/		74						
25			/	/	/		75						
26			/	/	/		76						
27			/	/	/		77						
28			/	/	/		78						
29			/	/	/		79						
30			/	/	/		80						
31			/	/	/		81						
32			/	/	/		82						
33			/	/	/		83						
34			/	/	/		84						
35			/	/	/		85						
36			/	/	/		86						
37			/	/	/		87						
38			/	/	/		88						
39			/	/	/		89						
40			/	/	/		90						
41			/	/	/		91						
42			/	/	/		92						
43			/	/	/		93						
44			/	/	/		94						
45			/	/	/		95						
46			/	/	/		96						
47			/	/	/		97						
48			/	/	/		98						
49			/	/	/		99						
50			/	/	/		100						
TOTAL							TOTAL						
IND.							IND.						
DEP.							DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						